

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Shai Mohaban  
 678 Durshire Way  
 Sunnyvale, CA 94087

747 Durshire Way

## 2. Article Number (Copy from service label)

7000 1670 0006 8330 2865

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

10/29/05

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

## 3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

## 4. Restricted Delivery? (Extra Fee)

Yes

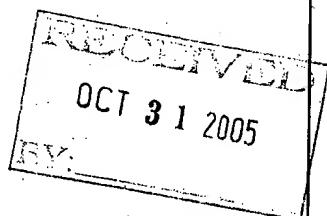
UNITED STATES POSTAL SERVICE



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Christopher J. Brokaw  
 Hickman Palermo Truong & Becker  
 2055 Gateway Place, Suite 550  
 San Jose, CA 95110



Docket No. 5032540085

ccos

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**BEST AVAILABLE COPY**